



Submittal Checklist for INCLUSIONARY HOUSING PLAN

This checklist should be reviewed with a Planner at the Permit Center and must be submitted with the application. Incomplete applications cannot be processed and will be returned to the applicant with a checklist specifying the items that are incomplete.

MINIMUM SUBMITTAL REQUIREMENTS:

Listed below are the minimum submittal requirements for Inclusionary Housing Plan. If the Housing Plan is submitted concurrent with an entitlement application, the submittal information may be combined under one submittal.

- MASTER APPLICATION** (eight copies)
 - a) Cover Sheet with Applicant Signature.
 - b) Environmental Assessment.
 - c) Tree Inventory.
 - d) Taxpayer Protection Act Disclosure Form.

- SITE PLANS** (eight full size copies and four 11"X17" reductions)
 - a) Applicant name, address and phone number.
 - b) Project site address, north arrow and drawing scale.
 - c) Property lines.
 - d) Internal and external rights-of-way and any vehicular access or other easements.
 - e) Existing and proposed structures with their uses labeled.
 - f) Location of structures on adjacent properties and their uses.
 - g) Mature trees 4 inches or more in diameter (on-site, adjacent to property lines and in public right-of-way).
 - h) Yard dimensions.
 - i) Topography (when applicable).
 - j) Vicinity map showing ½-mile radius street system with project site highlighted (integrated at lower right hand corner of plan).

- OWNERSHIP VERIFICATION** (one copy)
 - a) Copy of Grant Deed.
 - b) Written Consent from property owner to authorize representative (if applicable).

- NOTIFICATION PACKET** (two sets)
 - a) Radius Map and Ownership List.
 - b) Affidavit.
 - c) Labels.

- PHOTOS** (two sets)
 - a) A minimum of four photos (varied angles) of the project site showing walls, trees and existing structures.

- APPLICATION FEES**

- CHECKLIST FOR SPECIFIC ENTITLEMENTS & OTHER ITEMS**
Refer to the reverse page for additional submittal requirements.

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SPECIFIC HOUSING PLAN REQUIREMENTS:

In addition to the minimum submittal requirements, the following specific entitlement requirements for an Inclusionary Housing Plan shall also be submitted:

- SUPPLEMENTAL APPLICATION** (eight copies)
 - a) Description of Residential Development (Primary Project).
 - b) Description of Alternatives.

- ADDITIONAL SITE PLAN INFORMATION** (eight full size copies and four 11”X17” reductions)
In addition to the site plan requirements outlined in the minimum submittal requirements, include the following information in the site plan:
 - a) Identify location of inclusionary units.
 - b) Vicinity map highlighting the project site with a radius drawn at 1/8 and ¼-mile distance from the project site.

- APPRAISAL REPORT** (two copies, for land donation only)

- PROPERTY TITLE** (two copies, for land donation only)
Identify and attach evidence that property for land donation is free of any monetary liens or any other liens, encumbrances or easements that adversely affect the property title.

ADDITIONAL ITEMS:

In addition, the following items may be required by the Planner for submittal:

- FLOOR PLANS** (identifying location of inclusionary units)

- ELEVATIONS**

- ELEVATION SECTIONS**

- CALCULATIONS** (square footage, floor area ratio, average slope, etc.)

- LANDSCAPE PLAN**

- CIRCULATION PLAN**

- DEVELOPMENT SCHEDULE**

- ESCROW TITLE PAPERS**

- LEASE AGREEMENT**

- OTHER ITEMS**



Supplemental Application for
INCLUSIONARY HOUSING PLAN

Project Address: _____

Permit # _____

RESIDENTIAL DEVELOPMENT (PRIMARY PROJECT):

1) Project type (check one)

Ownership (for-sale)

Rental

Combination sale/rental

2) Total number of required inclusionary units _____

3) Number of inclusionary units proposed on-site _____

4) Describe the basis for the calculation of the number of required inclusionary units at 15% of the units to be built:

5) List the discretionary approvals necessary and when they were applied for:

Project Address: _____

Case # _____

6) Describe the distribution of the market rate units and inclusionary units in the primary project in terms of location, size in square feet and number of bedrooms:

7) Describe the proposed income level designation (very low, low, moderate income) of the inclusionary units of the primary project (clearly identifying the inclusionary units and income types on the floor plans):

8) Will the project be phased? Yes No. If yes, describe the proposed phasing plan for the timely development of the proposed inclusionary units as the primary project is built-out:

Project Address: _____

Case # _____

9) Do you intend to request any incentives from the City? Yes No. If yes, describe the incentives requested. A list of available incentives is described in Section III of the Inclusionary Housing Regulations:

ALTERNATIVES

If you intend to satisfy Chapter 17.42 of the Zoning Code (Inclusionary Housing Requirements) in whole or in part by providing an In-Lieu Fee, Off-Site Development or land donation, complete this alternatives section.

1) Do you intend to satisfy the Inclusionary Housing Requirements, in whole or in part, by payment of an In-Lieu Fee? Yes No. If the Inclusionary Housing Requirements will be satisfied in part by payment of an In-Lieu Fee, describe how the remaining Inclusionary Housing Plan requirement will be satisfied:

Total estimated in-lieu fee required: _____ Amount of in-lieu fee to be paid _____

(Skip the following questions if the in-lieu fee satisfies the inclusionary housing requirements in whole.)

Project Address: _____

Case # _____

2) Do you intend to satisfy the Inclusionary Housing requirement by providing:

- Off-Site Development Land Donation

3) General information regarding the property satisfying the Off-Site Development or Land Donation requirement:

Property Address _____

General Plan Designation _____ Zoning Designation _____

Square Footage of Property _____ Density Proposed (units/acre) _____

Number of Required Inclusionary Units ____ Number of Proposed Inclusionary Units ____

Proximity (in miles) to the Primary Project Site _____

Surrounding Land Uses:

North _____ South _____

East _____ West _____

4) Provide a general description of the property (i.e. shape, slope, existing buildings, interior lot, etc.):

5) Do you currently own the property? Yes No. If yes, provide evidence of ownership and site-control of the property. If no, explain how you plan to obtain ownership of the property:

Project Address: _____

Case # _____

6) If an off-site development is proposed, list the discretionary approvals required for the development of inclusionary units at the off-site development location:

7) Have you applied for the above approvals? Yes No. If no, when do you intend on applying?

8) Is the off-site development location served with the infrastructure necessary for residential development? (i.e. sewer, utilities, water, streets and sidewalks). Yes No. If no, explain what infrastructure is necessary:

Project Address: _____

Case # _____

9) Is the off-site property for the off-site development or land donation clear of any monetary liens , or any other liens, encumbrances or easements that adversely affect the property's title? Yes No. If no, explain. Also provide evidence that all property taxes and special taxes are current.

10) Will the character, historic significance or architectural integrity of any existing structures of the neighborhood be adversely affected by the proposed alternatives? Explain your reasoning in detail:

11) If a land donation is proposed, identify and provide evidence of the fair market value of the property as required by Section IV.C.3 of the Regulations:

Supplemental Application for
INCLUSIONARY HOUSING PLAN

Project Address: _____

Case # _____

12) Pursuant to Section IV.B.3(v) of the Inclusionary Housing Regulations, off-site development is subject to over-concentration standards. Provide a location map depicting a ¼-mile radius from the off-site development location.

PROJECT # _____	FOR OFFICE USE ONLY
Over-concentration: _____	Clear Title: _____
Proximity to Primary Project: _____	Inclusionary Units Required: _____
Inclusionary Unit Credit under Alternative: _____	Sub-Area _____
Date application/submittals received: _____	Received by: _____ Date of Meeting: _____
Date application reviewed: _____	Date application approved: _____